

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

May 19, 2010

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Staybridge Suites, 2701 Fletcher Avenue requesting a class I liquor license.

This location previously held a class I liquor license which was allowed to expire.

Carrie Fleck has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Carrie Fleck was born in Grand Island, Nebraska. She attended Southeast Community College graduating in 2000.

Carrie Fleck employment history is as follows:

2000 - Present	Manager, Staybridge Suites	Lincoln, NE.
1994 - 2000	Sales, Holiday Inn	Lincoln, NE.

The required training was completed on December 11<sup>th</sup> 2008.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Staybridge Suites

Street Address #1 2701 Fletcher Avenue

✓ Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster #2 Zip Code 68504

Premise Telephone number 402-438-7829

Is this location inside the city/village corporate limits:



YES

city



NO

Mail address (where you want receipt of mail from the commission)

Name Staybridge Suites

Street Address #1 2701 Fletcher Avenue

✓ Street Address #2 \_\_\_\_\_

City Lincoln State NE Zip Code 68504

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

✓ 1st floor of a three story building

76' x 17' - includes Great Room, Library, Buffet, Conf. room #2

92' x 123' - Courtyard

52' x 21' - Conf. Room #1  
(Staybridge Room)

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

### 2. Are you buying the business and/or assets of a licensee?

☒ YES ☒ NO

If yes, give name of business and license number 453106 - Staybridge Suites

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

12 alcohol - 1 beer cooler, 8 table, 36 chairs, couch, 2 love seat

### 3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

### 4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender AIG Global Investment Corporation

### 5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

### 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

### 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Pinnacle Bank; John Schleich, Tom Schleich and Clint Taubenheim

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

John Schleich, Thomas Schleich, Donald Brestler, Ronald Brestler; Lincoln NE; #45366; Failure to renew

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

training required

Name:	Date:	Where:
<u>Carrie Fleck</u>	<u>12-11-08</u>	<u>Lincoln NE Responsible Hospitality Council Training</u>

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- ☐ Lease: expiration date \_\_\_\_\_  
☒ Deed  
☐ Purchase Agreement

14. When do you intend to open for business?

Already Open (Oct 1999)

15. What will be the main nature of business?

Hotel

16. What are the anticipated hours of operation?

Tuesday, Wednesday & Thursday from 5:30pm-7:30pm

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO		
<u>Tom Schleich: Bennet NE</u>		<u>2000</u>	<u>Present</u>	<u>Christine Schleich: Bennet NE</u>	
<u>John Schleich: Lincoln NE</u>		<u>2000</u>	<u>2008</u>	<u>Andrea Schleich: Lincoln NE</u>	
<u>" " : Austin TX</u>		<u>2008</u>	<u>Present</u>	<u>" " : Austin TX</u>	
<u>Ronald Brestler: Lincoln NE</u>		<u>1999</u>	<u>Present</u>	<u>Deborah Brestler: Lincoln NE</u>	



RESIDENCES FOR THE PAST 10 YEARS: APPLICANT AND SPOUSE MUST COMPLETE

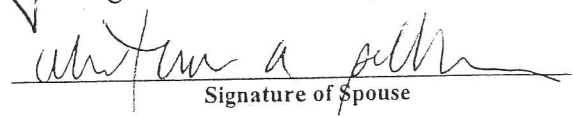
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Donald Bresten Lincoln NE	1973	2009	Robin Bresten Lincoln NE	1973	2009
" " Oakland NE	2009	Present	" " Oakland NE	2009	Present

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ Thomas  
  
Signature of Applicant

✓ Christine  
  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

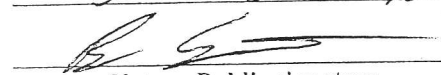
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

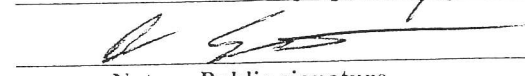
County of Lancaster

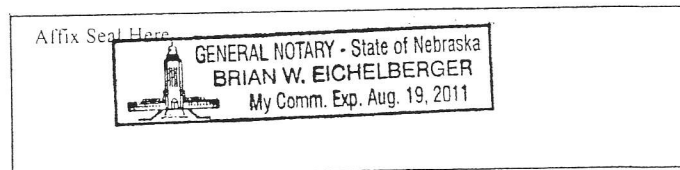
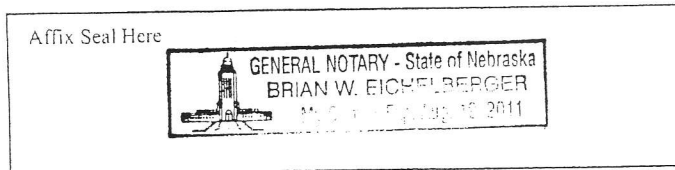
The foregoing instrument was acknowledged before me this March 21<sup>st</sup> 2010 by

Brian Eichelberger  
  
Notary Public signature

County of Lancaster

The foregoing instrument was acknowledged before me this March 22nd, 2010 by

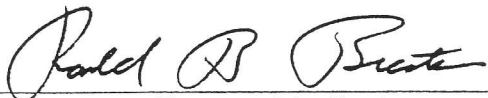
Brian Eichelberger  
  
Notary Public signature



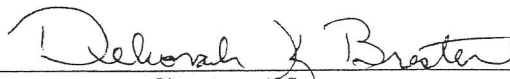
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Signature of Applicant  
Ronald B. Brester



Signature of Spouse  
Deborah K. Brester

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

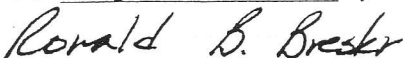
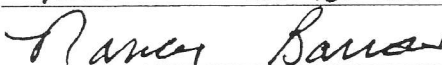
Signature of Applicant

Signature of Spouse

State of Nebraska


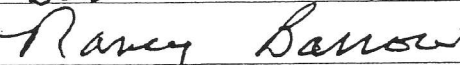
County of Lancaster

The foregoing instrument was acknowledged before me this 3-22-10 by

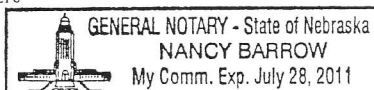
  
  
Notary Public signature

County of Lancaster

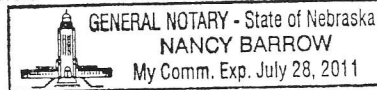
The foregoing instrument was acknowledged before me this 3-22-10 by

  
  
Notary Public signature

Affix Seal Here



Affix Seal Here



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John Schleich

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Applicant

Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this March 22, 2010 by

Kathleen J. Hike

Kathleen J. Hike

Notary Public signature

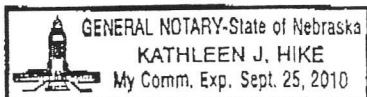
County of Lancaster

The foregoing instrument was acknowledged before me this 4/20/10 by

[Signature]

Notary Public signature

Affix Seal Here



Affix Seal Here



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✓ Donald B. Brester  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

✓ Robin J. Brester  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Saunders

The foregoing instrument was acknowledged before me this 29th day of by

March 2010  
Donald B. Brester

Patti J. Lindgren  
Notary Public signature

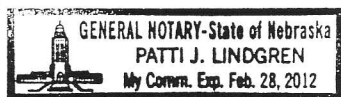
County of Saunders

The foregoing instrument was acknowledged before me this 29th day of by

March 2010  
Robin J. Brester

Patti J. Lindgren  
Notary Public signature

Affix Seal Here



Affix Seal Here



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

APR 26 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements  
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

passport  
voter reg

Partnership (LLP)  
Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: SB Partners  
LLP

Premise information

Premise License Number: 45366  
(if new application leave blank)


Premise Trade Name/DBA: Staybridge Suites

Premise Street Address: 2401 Fletcher Avenue

City: Lincoln State: NE Zip Code: 68504

Premise Phone Number: 402-438-7829

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

  
CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Fleck First Name: Carrie MI: A

Home Address (include PO Box if applicable): 3011 Fletcher Avenue #179

City: Lincoln State: NE Zip Code: 68504

Home Phone Number: 402-416-9595 Business Phone Number: 402-438-7829

Social Security Number \_\_\_\_\_ Drivers License Number & State \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Grand Island NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Fleck First Name: Michael MI: S

Social Security Number \_\_\_\_\_ Drivers License Number & State NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: North Platte NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>Lincoln, NE</u>	<u>1994 Present</u>	<u>Lincoln, NE</u>	<u>1994 Present</u>

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>1994 2000</u>	<u>Holiday Inn Downtown</u>		<u>402-475-4011</u>
<u>2000 Present</u>	<u>Staybridge Suites</u>	<u>Dave Becker</u>	<u>402-438-7829</u>

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☐ YES

☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

5. List the training and/or experience (when and where)

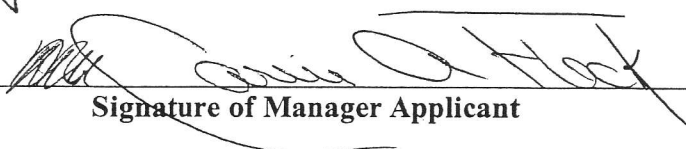
Date:	Where:
11-1-2000 - Present	On the job experience
12-11-2008	Responsible Hospitality Council Management Training
	Hospitality Insights Training

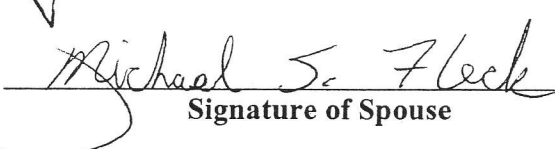
## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

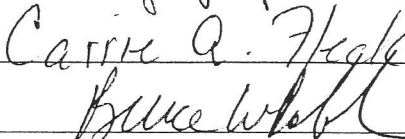
  
Signature of Spouse

State of Nebraska

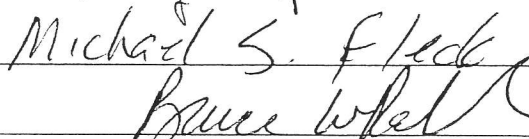
County of Lancaster

County of Lancaster

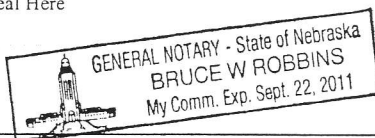
The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of April by

  
Notary Public signature

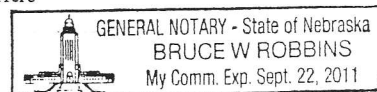
The foregoing instrument was acknowledged before me this 1<sup>st</sup> day of April by

  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008





# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

# **RECEIVED**

APR 26 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Michael S. Fleck  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Michael S. Fleck  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

4-1-2010

date

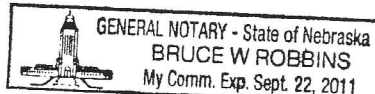
Bruce W. Robbins  
Notary Public signature

The foregoing instrument was acknowledged before me this

by

Bruce W. Robbins Michael S. Fleck  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Carrie A. Fleck  
Signature of individual involved with application  
(Spouse of individual listed above)

Carrie A. Fleck  
Printed name of applying individual

State of Nebraska

County of Lancaster

4-1-2010

date

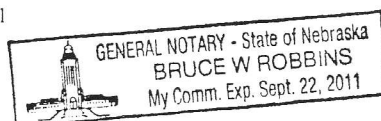
Bruce W. Robbins  
Notary Public signature

The foregoing instrument was acknowledged before me this

by

Carrie A. Fleck  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

## APPLICATION FOR LIQUOR LICENSE

~~PARTNERSHIP~~

INSERT - FORM 2

Limited Liability  
Partnership

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

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APR 26 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

Partner(s), including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Voter reg  
Passport

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

Last Name: SchleichFirst Name: Thomas MI: GHome Address: 13600 Yankee Hill Rd City: Bennet Zip Code: 68317

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: 402-782-2114Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES☐ NO

spouse

If yes, provide your spouse's information below

Spouses Last Name: SchleichSpouses First Name: Christine MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: NE



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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH,  
IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE  
DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR  
VITAL RECORDS.

DATE OF ISSUANCE

MAY 31 1994

LINCOLN, NEBRASKA

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR  
BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

61

PHS-796(VS)

REV. 12-54

FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

8

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address of location) INSTITUTION <u>Lincoln General Hospital</u>		d. STREET ADDRESS <u>7025 Lexington</u> Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>Thomas</u> b. (Middle) <u>Gerald</u> c. (Last) <u>Schleich</u>		4. SEX <u>Male</u> 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year)	
FATHER OF CHILD <u>Lloyd</u>			
7. FULL NAME a. (First) <u>Gerald</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Schleich</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> Yrs. 10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Lincoln, Nebraska</u>		11a. USUAL OCCUPATION <u>Student</u> 11b. KIND OF BUSINESS OR INDUSTRY <u>University of Nebraska</u>	
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Louise</u> b. (Middle) <u>Marie</u> c. (Last) <u>Dale</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> Yrs. 15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Lincoln, Nebraska</u>		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>1</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs. Louise Schleich - mother</u>			
18a. SIGNATURE <u>Harold E. Harvey, MD</u> <i>Harold E. Harvey</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <u>Lincoln, Nebraska</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Louise Schleich</u> <u>7025 Lexington</u> <u>Lincoln, Nebraska</u>	
20. DATE REC'D <u>1994</u> REG. <u>10:32 A.M.</u>		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

RECEIVED

APR 26 2010

NEBRASKA LIQUOR  
COMMISSION

*OK*

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

APR 26 2010

**NEBRASKA LIQUOR**

**CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

x *Christine A. Schleich*  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Christine A. Schleich  
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

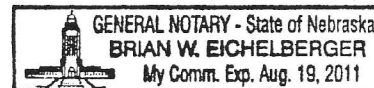
March 21<sup>st</sup>, 2010  
date

*[Signature]*  
Notary Public signature

The foregoing instrument was acknowledged before me this

by *Brian Eichelberger*  
name of person acknowledged Christine A. Schleich

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*[Signature]*  
Signature of individual involved with application  
(Spouse of individual listed above)

Thomas G. Schleich  
Printed name of applying individual

State of Nebraska

County of Lancaster

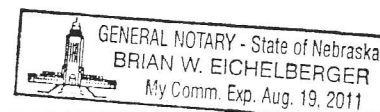
March 23<sup>rd</sup>, 2010  
date

*[Signature]*  
Notary Public signature

The foregoing instrument was acknowledged before me this

Thomas G. Schleich  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

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APR 26 2010

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

NEBRASKA LIQUOR  
CONTROL COMMISSION

BU  
VOTED  
red

Last Name: Brester

First Name: Ronald MI: B

Home Address: 5500 Old Dominion Rd City: Lincoln Zip Code: 68511

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: 402-420-4944

Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouse

Spouses Last Name: Brester

Spouses First Name: Deborah MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: NE

If necessary, this page can be copied for additional partner information

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

NOV 13 1990

LINCOLN, NEBRASKA

RECEIVED

APR 26 2010

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

NEBRASKA LIQUOR  
CONTROL COMMISSION  
STATE OF NEBRASKA

DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

BIRTH NO. 128.....

50-

PHS-700 (VS)  
REV. 4-48  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

1. PLACE OF BIRTH a. COUNTY <u>Platte</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Columbus</u> c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION <u>St. Marys Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Cumming</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Howells</u> <u>RURAL</u> d. STREET ADDRESS (If rural, give location) <u>RFD. I. Box 7.</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Ronald</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Brester</u>		4. SEX <u>Male</u> 5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 6. DATE OF BIRTH (Month) (Day) (Year) <u>12-23</u>	
7. FULL NAME a. (First) <u>Lumir</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Brester</u> 8. COLOR OR RACE <u>White</u>		9. AGE (At time of this birth) <u>21</u> Yrs. 10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Howells, Nebraska</u> 11a. USUAL OCCUPATION <u>Farmer</u> 11b. KIND OF BUSINESS OR INDUSTRY	
3. FULL MAIDEN NAME a. (First) <u>Doris</u> b. (Middle) <u>Ann</u> c. (Last) <u>Baumert</u> 13. COLOR OR RACE <u>White</u>		14. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
1. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mrs Lumir Brester (Mother)</u> 12a. SIGNATURE <u>[Signature]</u> 12b. ADDRESS <u>Columbus, Nebraska</u>		15. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) 16. MOTHER'S MAILING ADDRESS <u>Mrs Lumir Brester</u> <u>Howells, Nebraska.</u> <u>RFD. I. Box 7.</u>	
I hereby certify that this child was born alive on the date stated above <u>5:30 A.m.</u> DATE REC'D BY LOCAL REG. <u>6-30-50</u> 21. REGISTRAR'S SIGNATURE <u>[Signature]</u>			



El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

Rendel B Bristow

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

**RASSPORT**



**P** **USA** **209582883**  
Surname / Nom / Apellidos  
**BRESTER**  
Given names / Prénoms / Nombres  
**RONALD BERNARD**  
Nationality / Nationalité / Nacionalidad  
**UNITED STATES OF AMERICA**  
Date of birth / Date de naissance / Fecha de nacimiento  
**SEX / SEXE / SEXO** **Place of birth / Lieu de naissance / Lugar de nacimiento**  
**M** **NEBRASKA, U.S.A.**  
Date of issue / Date de délivrance / Fecha de expedición  
**12 Dec 2003**  
Date of expiration / Date d'expiration / Fecha de caducidad  
**11 Dec 2013**  
Amendments / Modifications / Enmiendas  
**See Page 24**  
Authority / Autorité / Autoridad  
**National**  
**Passport Center**

See Page 24

P<USABRESTER<<RONALD<BERNARD<<<<<<<<<<<<<<  
2095828837USA          2M1312115<<<<<<<<<<<<<<<<

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APR 26 2010

2010  
NEBRASKA LIQUOR  
CONTROL COMMISSION



**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

APR 26 2010

~~NEBRASKA LIQUOR~~

~~CONTROL COMMISSION~~

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Deborah K Brester

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Deborah K. Brester

Printed name of spouse asking for waiver

State of

Nebraska

County of

Lancaster

3-22-2010

date

Nancy Barrow  
Notary Public signature

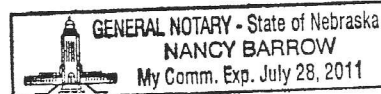
The foregoing instrument was acknowledged before me this

by

Deborah K. Brester

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Ronald B Brester

Signature of individual involved with application  
(Spouse of individual listed above)

Ronald B. Brester

Printed name of applying individual

State of

Nebraska

County of

Lancaster

3-22-2010

date

Nancy Barrow  
Notary Public signature

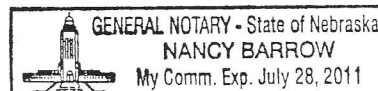
The foregoing instrument was acknowledged before me this

by

Ronald B. Brester

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

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APR 26 2010

Name of additional partner(s) (If the above listed individual is separated, etc. spouse's information is still required to be listed below.)

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Schleich

First Name: John MI: F

Home Address: 717 Zen Gardens Terrace City: Austin Zip Code: 78732

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: 512-266-393

Drivers License Number: \_\_\_\_\_ State: TX

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below.)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Schleich

Spouses First Name: Andrea MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: TX

If necessary, this page can be copied for additional partner information

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
AUG 11 1999  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES SYSTEM

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APR 26 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION

PHS-796(VS)  
REV. 12-54  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

64

1. PLACE OF BIRTH a. COUNTY <b>Lancaster</b> b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b> c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Lincoln General Hospital</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebraska</b> b. COUNTY <b>Lancaster</b> c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Lincoln</b> d. STREET ADDRESS <b>7925 So. Sycamore Drive</b> Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
--	--	--	--

3. CHILD'S NAME (Type or print) a. (First) <b>John</b> b. (Middle) <b>Frederick</b> c. (Last) <b>Schleich</b>		4. SEX <b>M</b>		5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE (Month) (Day) (Year) OF BIRTH	
--	--	-----------------	--	--	--	---	--	---------------------------------------	--

FATHER OF CHILD **S - 420**

7. FULL NAME a. (First) <b>Gerald</b> b. (Middle) <b>Lloyd</b> c. (Last) <b>Schleich</b>		8. COLOR OR RACE <b>White</b>	
9. AGE (At time of this birth) <b>31</b> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Lincoln, Nebraska</b>	11a. USUAL OCCUPATION <b>Chambers Dobson</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>

MOTHER OF CHILD

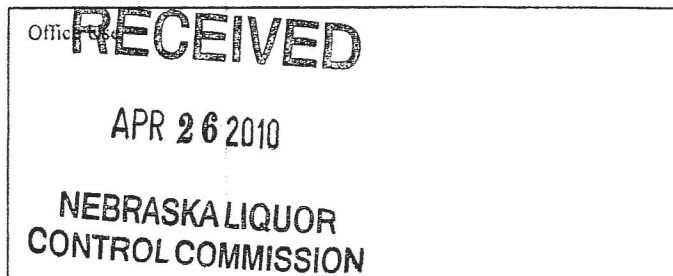
12. FULL MAIDEN NAME a. (First) <b>Louise</b> b. (Middle) <b>Marie</b> c. (Last) <b>Dale</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>29</b> Yrs.	15. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Lincoln, Nebraska</b>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>3</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. Louise Schleich - mother</b>			

18a. SIGNATURE <b>Harold E. Harvey MD</b> <i>Harold E. Harvey</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <b>Lincoln, Nebraska</b>		19. MOTHER'S MAILING ADDRESS <b>Mrs. Gerald Schleich</b> <b>7925 So. Sycamore Drive</b> <b>Lincoln, Nebraska</b>	
20. DATE REC'D BY LOCAL REG. <b>JUL 7 9 1964</b>		21. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

I hereby certify that this child was born alive on the date stated above at **6:23 P.m.**

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Andrea K. Schleich  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

Andrea K. Schleich  
Printed name of spouse asking for waiver

State of Nebraska

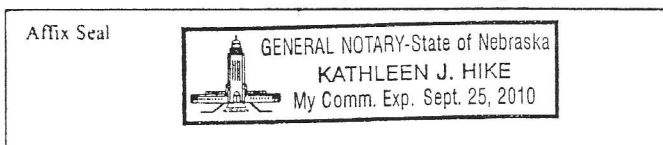
County of Lancaster

March 22, 2010  
date

The foregoing instrument was acknowledged before me this

by Kathleen J. Hike  
name of person acknowledged

Kathleen J. Hike  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

John F. Schleich  
Signature of individual involved with application  
(Spouse of individual listed above)

John F. Schleich  
Printed name of applying individual

State of Nebraska

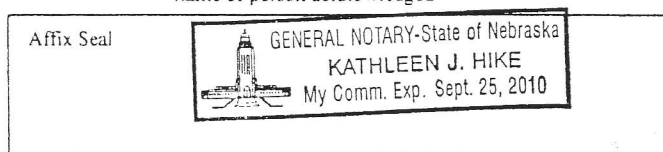
County of Lancaster

March 22, 2010  
date

The foregoing instrument was acknowledged before me this

by Kathleen J. Hike  
name of person acknowledged

Kathleen J. Hike  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format

Name of additional partner(s) (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Last Name: Brester

First Name: Donald MI: B

Home Address: 894 Big Sandy Pt. City: Ashland Zip Code: 68003

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: 402-944-8172

Drivers License Number: \_\_\_\_\_ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Brester

Spouses First Name: Robin MI: J

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: NE

If necessary, this page can be copied for additional partner information

APR 26 2010

NEBRASKA LIQUOR  
CONTROL COMMISSION







WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

RECEIVED

DATE OF ISSUANCE

FEB 14 1986

APR 26 2010

LINCOLN, NEBRASKA

NEBRASKA LIQUOR  
CONTROL COMMISSION

*Stanley S. Cooper*

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

PHS-101 (VS)  
REV. 4-15  
FEDERAL SECURITY AGENCY  
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

51-

BIRTH No. 126.....

1. PLACE OF BIRTH a. COUNTY <b>Platte</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Nebr.</b> b. COUNTY <b>Cuming</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Columbus</b>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Howells</b> <b>rural 1</b>	
a. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Mary Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or print) a. (First) <b>Donald</b>		b. (Middle) <b>Bernard</b> c. (Last) <b>Brester</b>	
4. SEX <b>Male</b>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year)
FATHER OF CHILD <b>B-223</b>			
7. FULL NAME a. (First) <b>Lumir</b>		b. (Middle) <b>Bernard</b> c. (Last) <b>Brester</b>	
8. COLOR OR RACE <b>White</b>		9. AGE (At time of this birth) <b>22</b> Yrs.	
10. BIRTHPLACE (City, town, or county) (State or foreign country) <b>Howells, Nebr.</b>		11a. USUAL OCCUPATION <b>Farming</b>	
11b. KIND OF BUSINESS OR INDUSTRY		12. FULL MAIDEN NAME a. (First) <b>Doris</b>	
b. (Middle) <b>Anne</b> c. (Last) <b>Baumert</b>		13. COLOR OR RACE <b>White</b>	
14. AGE (At time of this birth) <b>21</b> Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) <b>Dodge, Nebr.</b>	
16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <b>1</b> b. How many OTHER children were born alive but are now dead? <b>0</b> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME—Relationship <b>Mrs. Brester Mother</b>	
18a. SIGNATURE <i>W. R. Baumert</i>		18b. ADDRESS <b>Columbus, Nebr.</b>	
19. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)		20. MOTHER'S MAILING ADDRESS	
21. DATE REC'D BY LOCAL REG. <b>5-31-1951</b>		22. REGISTRAR'S SIGNATURE <i>Robert J. Galloway</i>	

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

APR 26 2010

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

*Robin J. Brester*

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Robin J. Brester

Printed name of spouse asking for waiver

*OK*

State of Nebraska

County of Saunder

March 29, 2010

date

*Patti J. Lindgren*

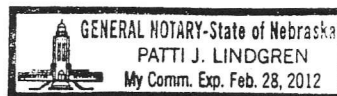
Notary Public signature

The foregoing instrument was acknowledged before me this

by Robin J. Brester

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

*Donald B. Brester*

Signature of individual involved with application  
(Spouse of individual listed above)

DONALD B. BRESTER

Printed name of applying individual

State of Nebraska

County of Saunder

March 29, 2010

date

*Patti J. Lindgren*

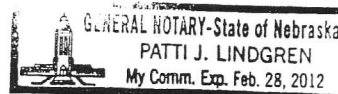
Notary Public signature

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by Donald B. Brester

name of person acknowledged

Affix Seal



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